



City of Salisbury  
Development Services  
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# ZONING PERMIT APPLICATION FOR SIGNS

SHADED AREAS FOR STAFF USE ONLY

FILING DATE

CASE #

ZP (SPECIAL EVENT OR TEMPORARY)

\$25

ZP (EXISTING SIGN CHANGES)

\$50

ZP (NEW SIGNS / NEW SIGN PKGS)

\$100

\* FEES PER CITY OF SALISBURY BUDGET ORDINANCE

## NOTE TO APPLICANT:

COMPLETED APPLICATION WITH SIGN SCHEMATICS AND SQUARE  
FOOTAGE PROVISIONS ARE REQUIRED PRIOR TO STAFF PROCESSING

## PERMANENT SIGN(S)

Road Type ☐ Major ☐ Minor ☐ Blvd ☐ Local

☐ Wall ☐ Canopy ☐ Perm. Banner

☐ Projecting ☐ Ground ☐ Other \_\_\_\_\_

Illuminated ☐ Yes ☐ No

☐ New ☐ Alteration ☐ Face Change

Sign 1: Height: \_\_\_\_\_ | \_\_\_\_\_ x \_\_\_\_\_ | Sq. Ft.: \_\_\_\_\_

Sign 2: Height: \_\_\_\_\_ | \_\_\_\_\_ x \_\_\_\_\_ | Sq. Ft.: \_\_\_\_\_

Sign 3: Height: \_\_\_\_\_ | \_\_\_\_\_ x \_\_\_\_\_ | Sq. Ft.: \_\_\_\_\_

Sign 4: Height: \_\_\_\_\_ | \_\_\_\_\_ x \_\_\_\_\_ | Sq. Ft.: \_\_\_\_\_

Sign 5: Height: \_\_\_\_\_ | \_\_\_\_\_ x \_\_\_\_\_ | Sq. Ft.: \_\_\_\_\_

## TEMPORARY / SPECIAL EVENT SIGN(S)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Height: \_\_\_\_\_

## OTHER SIGN(S)

Details: \_\_\_\_\_

## PROPERTY & CONTACT INFORMATION

☐ Single Tenant ☐ Multi-Tenant Linear Footage of Storefront or Building: \_\_\_\_\_

Rowan County Parcel ID(s): \_\_\_\_\_

Address or Site Location: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Owner (if different than applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## SIGNATURE

I certify that all information provided on this application is accurate and that all work will be performed to meet the laws of the State of North Carolina, the standards of the Salisbury Land Development Ordinance, and the City of Salisbury Uniform Construction Standards Manual. Submission of this application does not constitute a granting of approval or issuance of a permit. The City of Salisbury reserves the right to request additional information to ensure complete review.

Applicant: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**Project Title:** \_\_\_\_\_

Cost of Improvement: \$ \_\_\_\_\_ Zoning: \_\_\_\_\_ Overlay: \_\_\_\_\_  
Local Historic Overlay? ☐ Yes ☐ No

**Present Use:** \_\_\_\_\_

Number, type, and condition of any existing structures:

List any known nonconformities:

Other &amp; Notes: